

1 XAVIER BECERRA  
2 Attorney General of California  
3 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
4 CHRISTINE R. FRIAR  
Deputy Attorney General  
State Bar No. 228421  
California Department of Justice  
5 300 South Spring Street, Suite 1702  
Los Angeles, California 90013  
6 Telephone: (213) 269-6472  
Facsimile: (213) 897-9395  
7 Attorneys for Complainant

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO NOV. 9 2018  
BY YVONNE ROGERS ANALYST

8 BEFORE THE  
9 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 800-2017-035284

13 ISAAC NAGEEB BESHAY, M.D.

ACCUSATION

14 2200 Harbor Blvd., Ste. B210  
15 Costa Mesa, CA 92627

16 Physician's and Surgeon's Certificate  
No. A 89039,

17 Respondent.

19 Complainant alleges:

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).

25 2. On or about October 6, 2004, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number A 89039 to Isaac Nageeb Beshay, M.D. (Respondent). That license was in  
27 full force and effect at all times relevant to the charges brought herein and will expire on July 31,  
28 2020, unless renewed.

## **JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in pertinent part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

66

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

“ ”

**6. Section 2266 of the Code states:**

“The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

## **FIRST CAUSE FOR DISCIPLINE**

### **(Repeated Negligent Acts)**

7. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that he committed repeated negligent acts in his care and treatment of Patient A.<sup>1</sup> The circumstances are as follows:

8. During the relevant time period, Respondent practiced family medicine in Costa Mesa, California.

9. Patient A, a 31 year-old male, first presented to Respondent on February 17, 2012, for allergies, panic and medication refill. Patient A was taking Propranolol (a beta blocker), citalopram (generic for Celexa, an anti-depressant) and Xanax (a Schedule IV benzodiazepine).

10. Patient A returned to Respondent on March 10, 2012, for a medication refill, review of lab results and anxiety. Patient A's blood pressure was recorded at 160/120. Respondent did not note any changes in Patient A's medical history or any pertinent details relating to the history of Patient A's present illness, including interval changes: Respondent referred Patient A to a psychiatrist and refilled his medications.

11. On March 20, 2012, Patient A returned to Respondent complaining of lower back pain after a two-story fall. Patient A requested pain medication. Patient A's blood pressure was recorded at 130/100. Respondent examined Patient A's back and ordered x-rays.

12. Respondent next saw Patient A on June 26, 2012. On that day, Patient A requested hydrocodone-acetaminophen (generic for Norco, a Schedule II opiate), citalopram, and alprazolam (generic for Xanax), each of which Respondent refilled. Patient A's blood pressure was recorded at 140/100. Pertinent details relating to the history of Patient A's present illness, including interval changes, are again missing from Respondent's records for Patient A.

13. On August 31, 2012, Patient A next presented to Respondent. Patient A requested medication refills. Pertinent details relating to the history of Patient A's present illness, including

<sup>1</sup> In this Accusation, the patient is referred to as "Patient A" to protect his right of privacy. The patient's full name was disclosed to Respondent during the course of Board Investigation No. 800-2017-035284 and will be disclosed to Respondent again when discovery is provided pursuant to Government Code section 11507.6.

1 interval changes, are again absent from his records. Patient A's "Assessment" is listed as  
2 backache, anxiety and dyslipidemia (high cholesterol). Respondent advised diet and exercise and  
3 prescribed Ativan (a Schedule IV benzodiazepine) and Adderall (a Schedule II central nervous  
4 system stimulant). There is no documentation as to why these medications were prescribed.  
5 Respondent has stated that he believes he prescribed Ativan and Adderall to wean Patient A off of  
6 more addictive medications.

7 14. On October 12, 2012, Patient A had a follow-up visit with Respondent after being  
8 treated in the Emergency Room for a panic attack. Respondent prescribed Patient A Xanax.

9 15. On October 21, 2012, Patient A was admitted to Hoag Memorial Hospital  
10 Presbyterian after being found unresponsive from a drug overdose. A urine toxicology screen  
11 revealed amphetamines, benzodiazepines, opioids and marijuana. Patient A passed away that  
12 same day from accidental acute poly drug intoxication.

13 16. During the relevant time period, the applicable standard of care in the medical  
14 community required that a physician providing care to a patient: 1) obtain and document a  
15 pertinent history or review of symptoms, both positive and negative; 2) perform a reasonable  
16 physical examination and document its findings; 3) document assessments consistent with the  
17 patient's presentation and develop and document a differential diagnosis; 4) develop and  
18 document reasonable plans for evaluating and/or treating the patient's presenting complaints; and  
19 5) maintain legible records.

20 17. During the relevant time period, the applicable standard of care in the medical  
21 community required that a treating physician observe the following principles when prescribing  
22 controlled substances: 1) establish appropriate medical indication for use of controlled  
23 substances; 2) establish therapeutic goals before starting therapy to limit the potential for physical  
24 and psychological dependence and to include the patient in the process; 3) once a therapeutic dose  
25 is established, attempt to limit dosage to this level; 4) attempt the use of other treatments instead  
26 of non-controlled substances – especially in chronic management – to lesson pronounced  
27 withdrawal symptoms on discontinuance; 5) frequently evaluate continuing therapy and the  
28 patient's need for opioids and 6) if an addictive behavior presents itself, or if the patient admits to

1 being an addict, to discontinue use of controlled medication and to refer to the patient to a drug  
2 addiction treatment facility.

3       18. During the course of Respondent's care and treatment of Patient A, the applicable  
4 standard of care in the medical community required that a treating physician recognize chronic  
5 medical problems and manage them according to community standard of care. In the case of  
6 hypertension (high blood pressure), a history should be created of the hypertension, elevated  
7 blood pressure readings should be assessed, appropriate blood work should be ordered, and  
8 treatment options should be offered and discussed, such as medication.

9       19. Respondent's care and treatment of Patient A departed from the applicable standard  
10 of care as follows:

11       A. Respondent failed to perform an adequate history of Patient A's medical problems at  
12 multiple visits;

13       B. Respondent failed to document adequate indication for Adderall use; and

14       C. Respondent failed to adequately recognize and address Patient A's hypertension.

15       20. Respondent's acts and/or omissions as set forth in paragraphs 9 through 19, inclusive  
16 above, whether proven individually, jointly, or in any combination thereof, constitute repeated  
17 negligent acts in violation of section 2234, subdivision (c), of the Code. As such, cause for  
18 discipline exists.

#### **SECOND CAUSE FOR DISCIPLINE**

##### **(Inadequate Record Keeping)**

21       21. Respondent is subject to disciplinary action under Code sections 2234, subdivision  
22 (a), and 2266, in that he failed to maintain adequate and accurate records for Patient A. The  
23 circumstances are as follows:

24       22. Paragraphs 7 through 18 are incorporated by reference and re-alleged as if fully set  
25 forth herein.

26       23. Respondent's acts and/or omissions as set forth in paragraphs 9 through 19 and 22,  
27 above, whether proven individually, jointly, or in any combination thereof, constitute the failure  
28 to maintain adequate and accurate records pursuant to section 2266 of the Code. As such, cause

for discipline exists.

## PRAAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 89039, issued to Isaac Nageeb Beshay, M.D.;
2. Revoking, suspending or denying approval of Isaac Nageeb Beshay, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Isaac Nageeb Beshay, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: November 9, 2018

KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

LA2018600119  
53144446.docx